

Loudoun County Parks, Recreation, and Community Services

Medication Authorization Form

For Prescription and Non-prescription Medications



INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

Section A: To be completed by parent/guardian

Medication authorization for: _____ Allergies: _____
(Child's name)

_____ has my permission to administer the following medication:
(Childcare Program Site)

Medication name: _____

Dosage and times to be administered: _____ Route: _____

Special instructions or Side Effects (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

By signing below, I understand that the person who will administer the medication may be inexperienced. I also agree to furnish said medication in the container supplied by the drug store with label intact.

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician for any long-term medication authorizations (those lasting longer than 10 working days).

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

below to be administered to: _____ for a duration that exceeds 10 work days.
(Child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Physician's Signature: _____ Date: _____